

## Department of Anesthesia

**Title:**  
Patients with Suspected or Known  
Tuberculosis Who Present for Anesthesia

**Issued:**  
July 1, 2000

**Last Revised:**  
June 4, 2015

**Policy Number:**

9303

**Pages:** 2

**Attachments:**

### 1. IDENTIFICATION OF PATIENTS AT RISK

- A. Early detection of the patient at risk should be done upon initial encounter in the Emergency Room or before or at the time of admission. Thus, patients at risk should be identified prior to the patient presenting for an anesthetic intervention.
- B. If a patient has not been previously identified and during a review of the patient's history and CXR (when ordered) the anesthesiologist feels there may be a risk of active TB, isolation precautions will be followed and the anesthesiologist will ask primary service to obtain an infectious disease consultation.
- C. If the patient is determined to be at risk or presents with symptoms of TB radiographic and bacteriologic screening should be performed, but will not delay emergent or urgent surgical and anesthetic interventions.

### 2. ELECTIVE OPERATIVE PROCEDURES ON PATIENTS WITH KNOWN TB SHOULD BE DELAYED UNTIL THE PATIENT IS NO LONGER INFECTIOUS (THREE CONSECUTIVE SPUTUMS NEGATIVE FOR ACID FAST BACILLI).

### 3. PROCEDURE FOR PATIENTS THAT PRESENT FOR ANESTHETIC INTERVENTIONS IN THE OPERATING ROOM THAT REQUIRE SPECIAL AIRBORNE ISOLATION.

- A. Anesthesia personnel will wear properly fitting, N95 disposable, particulate respirators during all contact with the patient.
- B. Bacterial filter will be placed on the expiratory side of the breathing circuit of the anesthesia machine when general anesthesia is administered.
- C. A portable HEPA filtration device will be placed in the Operating Room (please see Operating Room Policy).
- D. The patient will remain in the Operating Room for Post-operative Anesthesia Care with the PACU nurses in attendance.
- E. The patient will be transported to his/her room according to the hospital policy for transport of patients on special respiratory isolation.

4. **PROCEDURE FOR ANESTHESIA PERSONNEL RESPONDING TO URGENT AND EMERGENT AIRWAY INTERVENTIONS OUTSIDE THE OPERATING ROOM.**
  - A. Patients that are on special respiratory isolation will be identified on the ward per hospital policy.
  - B. The anesthesia provider should obtain and wear a properly fitting, disposable, particulate respirator with an N95 filter from the isolation cart located on the ward prior to entering the patient's room.
5. **PROCEDURE FOR PATIENTS THAT PRESENT TO CLINIC WITH KNOWN OR SUSPECTED TB.**
  - A. TB precautions should be initiated immediately.
  - B. The patient should be moved to an unoccupied exam room or TB isolation room equipped with a HEPA filtration device.
  - C. The patient should be given a mask to wear, a box of tissues, and instructions to cover mouth and nose when sneezing or coughing.
  - D. All personnel should wear properly fitting, disposable, particulate respirators with N95 filters. These devices will be available in the clinic area.
6. **EDUCATION AND TRAINING OF ANESTHESIA PERSONNEL.**
  - A. All anesthesia personnel that have contact with patients will be educated and trained according to the hospital policy.
  - B. All anesthesia personnel will be trained in the proper use and fitting of the particulate respirators.
7. **ALL ANESTHESIA PERSONNEL THAT HAVE CONTACT WITH PATIENTS WILL UNDERGO PERIODIC TESTING FOR TB. THE FREQUENCY OF TESTING AND FOLLOW-UP FOR PPD CONVERSION WILL BE IN ACCORDANCE WITH THE HOSPITAL TB INFECTION CONTROL PLAN.**

---

Russell T. Wall, MD  
Chief of Service, Anesthesia